

Born in Cleveland ☒ YES ☐ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____ Artist _____

Ron
FIRST NAME

Mabeu
LAST NAME

Address 213 Tuxedo Ave. Parma 34
NO. STREET CITY ZONE

Cuyahoga
COUNTY

Tel. SH-1-5438

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

[illegible]

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Row Mabe
SIGNATURE

REC'D MAR 08 1963